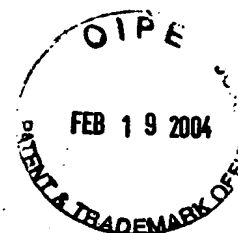


Docket No. 245515US41X CONT



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

IN RE APPLICATION OF: Jean-Francois LAFON, et al.

SERIAL NO: 10/715,405

GAU:

FILED: November 19, 2003

EXAMINER:

FOR: AIRCRAFT DIALOG DEVICE FOR DIALOG WITH SYSTEM OF AIRCRAFT

**INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR 1.97**

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

SIR:

Applicant(s) wish to disclose the following information.

**REFERENCES**

- ☐ The applicant(s) wish to make of record the references listed on the attached form PTO-1449. Copies of the listed references are attached, where required, as are either statements of relevancy or any readily available English translations of pertinent portions of any non-English language references.
- ☐ A check or credit card payment form is attached in the amount required under 37 CFR §1.17(p).

**RELATED CASES**

- ☒ Attached is a list of applicant's pending application(s) or issued patent(s) which may be related to the present application. A copy of the claims and drawings of the pending application(s) is attached along with PTO 1449.
- ☐ A check or credit card payment form is attached in the amount required under 37 CFR §1.17(p).

**CERTIFICATION**

- ☐ Each item of information contained in this information disclosure statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this statement.
- ☐ No item of information contained in this information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application or, to the knowledge of the undersigned, having made reasonable inquiry, was known to any individual designated in 37 CFR §1.56(c) more than three months prior to the filing of this statement.

**DEPOSIT ACCOUNT**

- ☒ Please charge any additional fees for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to deposit account number 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.

Philippe J.C. Signore

Registration No. 43,922

Customer Number

**22850**

Tel. (703) 413-3000  
Fax. (703) 413-2220  
(OSMMN 05/03)



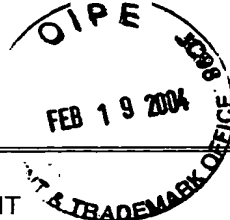
**LIST OF RELATED CASES**

| <u>Docket Number</u> | <u>Serial or<br/>Patent Number</u> | <u>Filing or<br/>Issue Date</u> | <u>Inventor/<br/>Applicant</u> |
|----------------------|------------------------------------|---------------------------------|--------------------------------|
| PER CLIENT           | 10/061,281                         | 02/04/02                        | LAFON et al.                   |
| 245515US41X CONT*    | 10/715,405                         | 11/19/03                        | LAFON et al.                   |
| 245516US41X DIV      | 10/715,374                         | 11/19/03                        | LAFON et al.                   |

\*Present Application; listed for information

PJCS/ae

I:\MEM\REL\245s246s\245515US LIST.DOC



|                                                                                                                                                                                                                                              |    |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------|-----------------------|------------------------------------------------------------------|-------------------------------|
| Form PTO 1449<br>(Modified)                                                                                                                                                                                                                  |    | U.S. DEPARTMENT OF COMMERCE<br>PATENT AND TRADEMARK OFFICE                                                                                                |      | ATTY DOCKET NO.<br>245515US41X CONT      |                       | SERIAL NO.<br>10/715,405                                         |                               |
| LIST OF REFERENCES CITED BY APPLICANT                                                                                                                                                                                                        |    |                                                                                                                                                           |      | APPLICANT<br>Jean-Francois LAFON, et al. |                       |                                                                  |                               |
|                                                                                                                                                                                                                                              |    |                                                                                                                                                           |      | FILING DATE<br>November 19, 2003         |                       | GROUP                                                            |                               |
| <b>U.S. PATENT DOCUMENTS</b>                                                                                                                                                                                                                 |    |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
| EXAMINER<br>INITIAL                                                                                                                                                                                                                          |    | DOCUMENT<br>NUMBER                                                                                                                                        | DATE | NAME                                     | CLASS                 | SUB<br>CLASS                                                     | FILING DATE<br>IF APPROPRIATE |
|                                                                                                                                                                                                                                              | AA |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
|                                                                                                                                                                                                                                              | AB |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
|                                                                                                                                                                                                                                              | AC |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
|                                                                                                                                                                                                                                              | AD |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
|                                                                                                                                                                                                                                              | AE |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
|                                                                                                                                                                                                                                              | AF |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
|                                                                                                                                                                                                                                              | AG |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
|                                                                                                                                                                                                                                              | AH |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
|                                                                                                                                                                                                                                              | AI |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
|                                                                                                                                                                                                                                              | AJ |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
|                                                                                                                                                                                                                                              | AK |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
|                                                                                                                                                                                                                                              | AL |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
|                                                                                                                                                                                                                                              | AM |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
|                                                                                                                                                                                                                                              | AN |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
| <b>FOREIGN PATENT DOCUMENTS</b>                                                                                                                                                                                                              |    |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
|                                                                                                                                                                                                                                              |    | DOCUMENT<br>NUMBER                                                                                                                                        | DATE | COUNTRY                                  | TRANSLATION<br>YES NO |                                                                  |                               |
|                                                                                                                                                                                                                                              | AO |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
|                                                                                                                                                                                                                                              | AP |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
|                                                                                                                                                                                                                                              | AQ |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
|                                                                                                                                                                                                                                              | AR |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
|                                                                                                                                                                                                                                              | AS |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
|                                                                                                                                                                                                                                              | AT |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
|                                                                                                                                                                                                                                              | AU |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
|                                                                                                                                                                                                                                              | AV |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
| <b>OTHER REFERENCES (Including Author, Title, Date, Pertinent Pages, etc.)</b>                                                                                                                                                               |    |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
|                                                                                                                                                                                                                                              | AW | Pub. No. US 2002/0120372 A1      Pub. Date: August 29, 2002<br>Ser. No. 10/061,281      Filed: February 4, 2002      Inventor: Jean-Francois LAFON et al. |      |                                          |                       |                                                                  |                               |
|                                                                                                                                                                                                                                              | AX |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
|                                                                                                                                                                                                                                              | AY |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |
|                                                                                                                                                                                                                                              | AZ |                                                                                                                                                           |      |                                          |                       | <input type="checkbox"/> Additional References sheet(s) attached |                               |
| Examiner                                                                                                                                                                                                                                     |    |                                                                                                                                                           |      |                                          | Date Considered       |                                                                  |                               |
| *Examiner: Initial if reference is considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. |    |                                                                                                                                                           |      |                                          |                       |                                                                  |                               |